

2013 FAMILY SERVICES PROGRAM BUDGET**SECTION I - TRIBAL INFORMATION**

- A. Name of Tribe
- B. Complete Mailing Address
- C. Telephone Number
- D. Program Supervisor
- E. Telephone Number
(if different than above)
- F. Fiscal Manager
- G. Telephone Number
(if different than above)

SECTION II - FUNDING ALLOCATIONS

DHS Amount (Annual Allocation): \$ _____

DCF Amount (Annual Allocation): \$ _____

SECTION III - OFFICIAL AUTHORIZATION TO COMMIT TRIBE TO THIS BUDGET

Name and Title of Authorized Representative:

Signature: _____

Date: _____

FOR DHS USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:
FOR DCF USE ONLY	
Program Manager Approval:	Date:
Tribal Affairs Approval:	Date:

SECTION IV – BUDGET FOR DHS FUNDS

Funding Period: October 1, 2012 – September 30, 2013

1.	Total Salary/Fringe Benefits for FSP Staff	\$
* 2.	Travel/Training for Staff, Volunteers or Program Participants	\$
*3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Indirect Costs (Current Rate _____)	\$ _____
7.	Total (Lines 1 through 5)	\$

Instructions:

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of time devote to FSP.

* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must not exceed the current approved rate for the tribe.

DHS FUNDED SALARIES AND FRINGE

(a) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$

(h) Total Fringe: \$

BUDGET DETAIL FOR DHS FUNDS

In this section, provide a detailed description of the costs identified on line items 2, 3, 4 and 5 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*3. Consultant or Contractual		
Program Service area	Purpose and Computation	Cost
Total		\$
*4a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*4b. Equipment		
Program Service Area	Item and Computation	
Total		\$
*5a. Other		
Program Service Area	Item and Computation	Cost
Total		\$
*5b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION V – BUDGET FOR DCF FUNDS

Funding Period: October 1, 2012 – September 30, 2013

1.	Total Salary/Fringe Benefits for Project Personnel	\$
*2.	Travel/Training for Staff, Volunteer or Program Participants/	\$
* 3.	Consultant and Contractual Costs	\$
*4.	Supplies/Equipment	\$
*5.	Other/Space Rental	\$
6.	Child Care Vouchers	\$
7.	Indirect Costs (Current Rate _____)	\$ _____
8.	Total (Lines 1 through 5)	\$

Instructions:

Each line item in the budget must be based on reasonable costs to provide program services.

Please round to the nearest dollar, however, do not exceed the **TOTAL** funds available. I.E. 51 cents - round up, 50 cents and below - round down.

Use the attached **Salary and Fringe Worksheet** to show the costs for each staff person funded using FSP funds. Show the percentage of time devote to FSP.

* Specific cost justifications are required for Items 2 through 5. Use the attached **Budget Detail Worksheet** to show the detail for each of these cost categories.

The indirect cost rate must not exceed the current approved rate for the tribe.

DCF FUNDED SALARIES AND FRINGE

(b) Staff Name and Title of Position	(b) % of Time Budgeted	(c) Hourly Rate	(d) Hours per Week	(e) # of Weeks Budgeted	(f) Annual Costs
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

(g) Total Salary: \$

(h) Total Fringe: \$

BUDGET DETAIL FOR DCF FUNDS

In this section, provide a detailed description of the costs identified on line items 2, 3, 4 and 5 of the FSP budget. Totals for each line item should match the line item amounts on the FSP Budget.

*2a. Travel for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*2b. Training for Staff, Volunteers or Program Participants		
Program Service Area	Purpose and Computation	Cost
Total		\$
*3. Consultant or Contractual		
Program Service area	Purpose and Computation	Cost
Domestic Abuse	ALICE Software Licensing Fee	
Total		\$
*4a. Supplies		
Program Service Area	Item and Computation	Cost
Total		\$
*4b. Equipment		
Program Service Area	Item and Computation	
Total		\$
*5a. Other		
Program Service Area	Item and Computation	Cost
Total		\$
*5b. Space Rental		
Program Service Area	Item and Computation	Cost
Total		\$

SECTION VI - DOMESTIC ABUSE MATCH REQUIREMENT FOR FSP FUNDS

A tribal match, either cash or in-kind, is required for the Domestic Abuse portion of the DCF FSP funds. In this section, indicate the source of the tribal match. The tribal match rate is 25%.

Tribe:

FSP Domestic Abuse Funds: \$ _____

Required Match: \$ _____

MATCH		
Cash	In-Kind Contribution	Total
Amount of \$	\$ equivalent:	\$
Source:	Specify:	

Technical Assistance

Department of Health Services

AODA Prevention & Treatment

Louis Oppor, DMHSAS/SAS
WI Department of Health Services
1. W. Wilson St., Room 850
Madison, WI 53703
608 266-9485
Louis.Oppor@wisconsin.gov

General FSP Administration-DHS

Dave Ryneearson, Tribal Affairs Office
WI Department of Health Services
1 W. Wilson St., Room 618
Madison, WI 53707-7850
608 267-2185
David.Ryneearson@wisconsin.gov

Department of Children and Families

Domestic Abuse

Sharon Lewandowski, DV Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 266-0700
Sharon.Lewandowski@wisconsin.gov

Adolescent Pregnancy/Self Sufficiency

Judie Hermann Brighter Futures
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
Phone 608-266-8659
Email Judith.Hermann@wisconsin.gov

General FSP Administration-DCF

Vacant, Tribal Relations Director
WI Department of Children and Families
201 E. Washington Ave. 2nd Floor
Madison, WI 53703
Phone
Email

Child Care

Gabe Blood, Early Care and Education
WI Department of Children and Families
201 E. Washington Ave. 2nd Floor
Madison, WI 53703
608-267-2801
Gabrielle.Blood@wisconsin.gov

CSGB/Services to Low Income People

Darlene Moss, CSGB Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 261-8341
Darlene.Moss@wisconsin.gov

Safe & Stable Families/Child Welfare

Carrie Finkbiner, S&SF Coordinator
WI Department of Children & Families
201 E. Washington Ave., 2nd Floor
Madison, WI 53708
608 261-8898
Carrie.Finkbiner@wisconsin.gov

DCF Area Administrator http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf

FAMILY SERVICES PROGRAM (FSP) REPORTING REQUIREMENTS

Tribal FSP staff are responsible for reporting on a semi-annual basis their progress towards achieving the outcomes in the approved work plan. The FSP semi-annual report format is based on the approved work plan. The semi annual report is designed to assist tribal, DHS and DCF program staff assess progress toward achieving work plan outcomes, communicating the program's success, and improving program services.

COMPLETING THE REPORT

General Program Information

Check the box for the appropriate semi annual period being reported. Indicate the name of the tribe that is submitting the report. The chairperson or the authorized designee must sign and date two (2) copies of the report. The completed reports are due within 30 days of the end of the reporting period. Send one completed report to: Department of Health Services, Tribal Affairs, P.O. Box 7850, Room 618, Madison, WI 53707-7850. Send the other report to the Department of Children and Families, Area Administrator for the tribe. The Area Administrators are listed at: http://dcf.wi.gov/regional_operations/pdf/contact_list.pdf

The signed DHS copy of the semi-annual report can be submitted by e-mail to Dave Rynearson at david.rynearson@wi.gov . The signed DCF copy of the semi-annual report can be submitted by e-mail to the DCF Area Administrator for the tribe

OUTCOME FRAMEWORKS

Numerical Data

In the first column labeled "Indicators/Verification of the Outcome," the indicators of progress toward achieving each outcome are listed. The indicators are the same as those identified in the work plans.

In the second column labeled "Baseline data, if applicable," enter the baseline data for the indicator. This information should be entered at the beginning of the measurement period; e.g. at the beginning of the program year. The cumulative findings can then be compared against the baseline to indicate progress in achieving the outcome. Not all indicators may require baseline data. Enter the baseline data only if the outcome requires it. Also include a date of the baseline data

In the third column labeled "Cumulative Outcome Findings," enter the progress in achieving the outcome as measured by the indicators in the first column. This information may not be available for each report depending on when you collect your data. For most outcomes this information will only be available at the end of the measurement period as stated in the data collection method in the work plan. If the information is not available for the reporting period, indicate when the data will be available; for example, "Data available for 7/15/10 quarterly report." or "GPA data available for 1/15/10 report." The information collected for most outcomes will be data on individual participants. Do not report individual data. Summarize or combined the data on a program level for reporting purposes.

Outcome Narrative

Complete the narrative section of the report by describing your progress during the report period. Address each of the listed items when describing your progress in achieving the outcome.

OTHER SERVICES PROVIDED

Describe other FSP services not associated with the outcome frameworks. This is an opportunity to describe other outputs/activities that were not specified in previous sections of the report.

DOMESTIC ABUSE ANNUAL REPORT

This report must be filed at the end of each program year. Provide information requested for domestic abuse services. Provide unduplicated numbers where requested.

AODA TREATMENT SERVICES ANNUAL REPORT

This report must be filed at the end of each program year. Provide the information requested for AODA Treatment services provided using Family Services Program funding.

AODA PREVENTION SERVICES ANNUAL WEB-BASED REPORTING

<http://dhs.wisconsin.gov/substabuse/sapsis/>